

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

U.S. Bank Trust National Association, as Trustee of
the BKPL-EG Series N Trust

Plaintiff(s)

v.

Tad J. Franks
Dawn M. Franks
Kent County Memorial Hospital

Defendant(s)

Civil Action No. 1:23-cv-00169-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Tad J. Franks
2907 W. Shore Road
Warwick, RI 02886

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Demerle Hoeger LLP
c/o David A. Shaw
10 City Square
Boston, MA 02129

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: April 28, 2023



/s/ Hanorah Tver-Witek
Clerk of Court

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Civil Action No. 1:23-cv-00169-JJM-PAS

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____

on *(date)* _____; or

☒ I left the summons at the individual's residence or usual place of abode with *(name)* _____

Dawn M Franks, a person of suitable age and discretion who resides there,
 on *(date)* 5/17/23, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is

designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)* _____

My fees are \$ 10.- for travel and \$ 45 for services, for a total of \$ 55.- 0.00.

I declare under penalty of perjury that this information is true.

Date: 5/17/23

Anthony Currier
 Server's signature

Anthony Currier
 Printed name and title
Rt Constable

P.O. Box 806 Seun derstown
 Server's address
RT

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12) Summons in a Civil Action

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v.

Tad J. Franks
Dawn M. Franks
Kent County Memorial Hospital

Defendant(s)

Civil Action No. 1:23-cv-00169-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Dawn M. Franks
2907 W. Shore Road
Warwick, RI 02886

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Demerie Hoeger LLP
c/o David A. Shaw
10 City Square
Boston, MA 02129

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: May 01, 2023



/s/ Hanorah Tver-Witek
Clerk of Court

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This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☒ I personally served the summons on the individual at *(place)* 2907 W. Shore Road
 on *(date)* 5/17/23 ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____,
 a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ 45.- for services, for a total of \$ 45.00.

I declare under penalty of perjury that this information is true.

Date: 5-17-23

Anthony Curren
Server's signature

Anthony Curren
Printed name and title
RI Constable

P.O. Box 806, Souderton
Server's address
RI

Additional information regarding attempted service, etc:

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UNITED STATES DISTRICT COURT

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U.S. Bank Trust National Association, as Trustee of
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Plaintiff(s)

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Dawn M. Franks
Kent County Memorial Hospital

Defendant(s)

Civil Action No. 1:23-cv-00169-JJM-PAS

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Kent County Memorial Hospital
c/o Agent: Suzanne Duni Briggs, JD, RN, BSN
455 Toll Gate Road, Risk Management Dept
Warwick, RI 02886

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Demerie Hoeger LLP
c/o David A. Shaw
10 City Square
Boston, MA 02129

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: April 28, 2023



/s/ Hannah Tver-Witek
Clerk of Court

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This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* Kent
 on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____,
 a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Agent Suzanne Duni Briggs, who is
 designated by law to accept service of process on behalf of *(name of organization)*
Kent County Hospital on *(date)* 5-17-23; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ 10.- for travel and \$ 45 for services, for a total of \$ 55 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Anthony Currier
Server's signature

Anthony Currier
Printed name and title
RC Constable

P.O. Box 806, Sunderland
Server's address
RC

Additional information regarding attempted service, etc: _____